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PETITION FOR E	Docket Number (Optional)				
FY 2009 (Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)			UA	B-20802/22	
Application Number 10/516,899-Conf, #1565			Filed December 3, 2004		
For METHOD FOR REDUCING OBSTRUCTIVE HYDROCEPHALUS					
Art Unit 1651			Examiner	R. A. Davis	
This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application,					
The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):					
One n	nonth (37 CFR 1.17(a)(1))	Fee \$130	Small Entity Fe \$65	<u>ee</u> \$	
X Two n	nonths (37 CFR 1.17(a)(2))	\$490	\$245	\$	245.00
Three	months (37 CFR 1.17(a)(3))	\$1110	\$555	\$	
Four	nonths (37 CFR 1.17(a)(4))	\$1730	\$865	\$	
Five n	nonths (37 CFR 1.17(a)(5))	\$2350	\$1175	\$	
Applicant claims small entity status. See 37 CFR 1.27.  A check in the amount of the fee is enclosed.      Payment by credit card. Form PTO-2038 is attached.  The Director has already been authorized to charge fees in this application to a Deposit Account.  The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 07-1180  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.  I am the applicant/inventor.  sassignee of record of the entire interest. See 37 CFR 3.71.  Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).  attorney or agent of record. Registration Number 39.204					
Registration number if acting under 37 CFR 1.34					
/Avery N. Goldstein, Ph.D./ Signature			May 4, 2009 Date		
Avery N. Goldstein, Ph.D.			(248) 647-6000		
	Telephone Number				
NOTE: Signatures of all the inventors or assignces of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.					
Total of forms are submitted.					